

J VISA FORM
(see instructions on reverse side)

Visitor: _____ **DOB:** _____
LAST (in caps), first middle mm/dd/yy

City/Country of Birth: _____ **Sex:** M F

Citizen of: _____ **Resident of:** _____

Category:

- ☐ Research Scholar (maximum 3 years)
☐ Short-Term Scholar (maximum 6 months, no extensions)
☐ Specialist (maximum 1 year, no extensions)

Company: _____ **Occupation:** _____

Address: (NO P.O. BOXES) _____ **Telephone:** _____

_____ **Fax:** _____

_____ **E-Mail:** _____

City: _____ **State/Province:** _____ **Country:** _____

Zip/Postal Code: _____

Period of Visit: ____/____/____ - ____/____/____ **Host:** _____

Purpose of Visit: _____

Check One: ☐ self-insure ☐ SURA/Jefferson Lab visitor ☐ SURA/Jefferson Lab employee

Salary / Honorarium / Living Expenses / Stipend: \$ _____ **per** _____
(circle one)

NOTES:

FORWARD COMPLETED FORM TO:
THE JLAB REGISTRATION /INTERNATIONAL SERVICES OFFICE, MS12B

J VISA FORM *instructions*

Fill in the **visitor's name** as written on his/her passport (last name in capital letters, must include middle name) and **date of birth (month, day, year)**.

Fill in the name of the **city and country** where the visitor was born, and circle the appropriate gender (m=male, f=female).

Fill in the name of the country in which the visitor currently is a **citizen** and the country of **residence**.

Fill in the appropriate **category** for the program participant.

Fill in the **Company name** and indicate the visitor's current **occupation**.

Fill in the street **address, City, State/Province, Country, and Zip/Postal Code** to which J visa documents can be express mailed to the visitor. Post office boxes cannot be used for express mail. Fill in the visitor's **telephone** and **fax** numbers and provide an **e-mail** address, if available.

Fill in the **period of the visit**; this may be an estimate. Indicate who the SURA/Jefferson Lab **host** is by naming the division, department, or point of contact.

Describe the **purpose of the visit**: the applicable memorandum of understanding or other agreement and the collaboration work or other activities planned.

Indicate which type of insurance coverage applies to the visitor: either the visitor will pay for his/her own coverage (**self insure**), SURA/Jefferson Lab will cover him/her on our visitor's insurance (**S/C visitor**), or - if the visitor will be a term or regular employee - SURA/Jefferson Lab will add him/her to our group health plan (**S/C employee**). All visitors who enter on J visas must have medical, medical evacuation, and repatriation coverage.

Fill the amount of **salary, honorarium**, or other remuneration (if any) that the visitor will receive from SURA/Jefferson Lab. Circle the method of payment that applies and indicate the frequency of payment.

If the visitor's family will be joining him/her include each family member's name, relationship to visitor (wife, husband, daughter, or son), date of birth, city and country of birth, country of citizenship, and country of residence in the **NOTES** section.

Forward the completed form to the JLab Registration/International Services Office, MS12B. In the past it took 10 to 21 days from the time that J visa documents are sent to the visitor until he/she can travel to the

United States. However, the Department of State is now saying that it can take up to 2 to 4 months.